

EXHIBIT A

**REMINGTON CLASS ACTION SETTLEMENT CLAIM FORM
FOR MODELS 600, 660, AND XP-100**

INSTRUCTIONS: If you need help determining the model number or the serial number for your firearm, please visit www.remingtonfirearmsclassactionsettlement.com or call 1-800-876-5940 for assistance.

This Claim Form may be used for one firearm only. Please fill out additional Claim Forms if you seek settlement benefits for more than one firearm. Claim Forms must be fully completed to receive any settlement benefits. If you have questions regarding this Claim Form, please call 1-800-876-5940.

You may complete and submit your Claim Form online at www.remingtonfirearmsclassactionsettlement.com, or you may complete your form and then submit it by U.S. Mail or e-mail at the addresses listed below. Please note that the benefits listed herein will not be provided until after the Parties' Settlement Agreement has been finally approved by court order, but you may submit your Claim Form now. You will be notified if final approval is not achieved.

Please fill out all four sections of this Claim Form and submit either:

By Mail: Angeion Group
Attn: Remington Claims
Suite 660, 1801 Market Street
Philadelphia, PA 19103

By E-Mail: remington@angeiongroup.com

SECTION 1 - YOUR PERSONAL INFORMATION

First Name: _____ Last Name: _____

Street Address: _____

Suite or Apartment Number _____

City _____ State _____ Zip _____

E-mail address: _____

SECTION 2 – SERIAL NUMBER OF YOUR FIREARM:

Enter the Serial Number of your Firearm in the boxes below:

--	--	--	--	--	--	--	--	--	--	--	--

SECTION 3 – ELECTION TO PARTICIPATE IN SETTLEMENT WITH RESPECT TO YOUR FIREARM:

Check the box below to confirm that you currently own a firearm with one of the model numbers listed below and you are hereby electing to participate in this settlement and receive the benefit outlined below.

☐

*Yes, I currently own a Model 600, 660, or XP-100, and I want Remington to send me a voucher code for \$12.50 redeemable for Remington products at Remington's online store (www.shopremingtoncountry.com). Remington will also send me an educational DVD regarding safe firearms handling practices. **Please Note: You do not need to return your firearm to Remington to claim this benefit.***

SECTION 4 – ATTESTATION

I attest, by my signature below, that the statements made and answers given in this Claim Form are true and correct and that the documents submitted herewith are true and genuine.

Executed this _____ day of _____ (Month/Year)

(Sign your name here)

(Print your name here)

REMINGTON CLASS ACTION SETTLEMENT CLAIM FORM FOR MODELS 721, 722, AND 725

INSTRUCTIONS: If you need help determining the model number or the serial number for your firearm, please visit www.remingtonfirearmsclassactionsettlement.com or call 1-800-876-5940 for assistance.

This Claim Form may be used for one firearm only. Please fill out additional Claim Forms if you seek settlement benefits for more than one firearm. Claim Forms must be fully completed to receive any settlement benefits. If you have questions regarding this Claim Form, please call 1-800-876-5940.

You may complete and submit your Claim Form online at www.remingtonfirearmsclassactionsettlement.com, or you may complete your form and then submit it by U.S. Mail or e-mail at the addresses listed below. Please note that the benefits listed herein will not be provided until after the Parties' Settlement Agreement has been finally approved by court order, but you may submit your Claim Form now. You will be notified if final approval is not achieved.

Please fill out all four sections of this Claim Form and submit either:

By Mail: Angeion Group
Attn: Remington Claims
Suite 660, 1801 Market Street
Philadelphia, PA 19103

By E-Mail: remington@angeiongroup.com

SECTION 1 - YOUR PERSONAL INFORMATION

First Name: _____ Last Name: _____

Street Address: _____

Suite or Apartment Number _____

City _____ State _____ Zip _____

E-mail address: _____

SECTION 2 – SERIAL NUMBER OF YOUR FIREARM:

Enter the Serial Number of your Firearm in the boxes below:

--	--	--	--	--	--	--	--	--	--	--	--

SECTION 3 – ELECTION TO PARTICIPATE IN SETTLEMENT WITH RESPECT TO YOUR FIREARM:

Check the box below to confirm that you currently own a firearm with one of the model numbers listed below and you are hereby electing to participate in this settlement and receive the benefit outlined below.

☐

Yes, I currently own a Model 721, 722, or 725, and I want Remington to send me a voucher code for \$10.00 redeemable for Remington products at Remington's online store (www.shopremingtoncountry.com). Remington will also send me an educational DVD regarding safe firearms handling practices.

Please Note: You do not need to return your firearm to Remington to claim this benefit.

SECTION 4 – ATTESTATION

I attest, by my signature below, that the statements made and answers given in this Claim Form are true and correct and that the documents submitted herewith are true and genuine.

Executed this _____ day of _____ (Month/Year)

(Sign your name here)

(Print your name here)

**REMINGTON CLASS ACTION SETTLEMENT CLAIM FORM FOR
SPORTSMAN 78 AND MODEL 673 FIREARMS
CONTAINING A TRIGGER MECHANISM UTILIZING A TRIGGER CONNECTOR**

INSTRUCTIONS: If you need help determining the model number or the serial number for your firearm, please visit www.remingtonfirearmsclassactionsettlement.com or call 1-800-876-5940 for assistance.

This Claim Form may be used for one firearm only. Please fill out additional Claim Forms if you seek settlement benefits for more than one firearm. Claim Forms must be fully completed to receive any settlement benefits. If you have questions regarding this Claim Form, please call 1-800-876-5940.

You may complete and submit your Claim Form online at www.remingtonfirearmsclassactionsettlement.com, or you may complete your form and then submit it by U.S. Mail or e-mail at the addresses listed below. Please note that, unless your firearm has been involved in an unintended or accidental discharge that resulted in personal injuries or property damage (see below), the benefits listed herein will not be provided until after the Parties' Settlement Agreement has been finally approved by court order, but you may submit your Claim Form now. You will be notified if final approval is not achieved.

Please fill out all five sections of this Claim Form and submit either:

By Mail: Angeion Group
Attn: Remington Claims
Suite 660, 1801 Market Street
Philadelphia, PA 19103

By E-Mail: remington@angeiongroup.com

SECTION 1 - YOUR PERSONAL INFORMATION

First Name: _____ Last Name: _____

Street Address: _____

Suite or Apartment Number _____

City _____ State _____ Zip _____

E-mail address: _____

SECTION 2 – SERIAL NUMBER OF YOUR FIREARM:

Enter the Serial Number of your Firearm in the boxes below:

--	--	--	--	--	--	--	--	--	--	--	--

SECTION 3 – ELECTION TO PARTICIPATE IN SETTLEMENT WITH RESPECT TO YOUR FIREARM:

Check the box below to confirm that you currently own a firearm with one of the model numbers listed below and you are hereby electing to participate in this settlement.

☐

Yes, I currently own a **Sportsman 78 or Model 673** containing a trigger mechanism utilizing a trigger connector, and I want to participate in this settlement.

SECTION 4 – BENEFIT ELECTION:

Please answer the following question and check the corresponding box to confirm the benefit you are electing (if more than one option is provided).

Do you claim that this firearm has fired without a trigger pull, which resulted in personal injuries or property damage? (Note any such claim is not included in or affected by this settlement.)

☐

Yes - I want to receive pre-paid shipping tags, boxes, and written instructions on how to return my firearm to Remington for a full inspection as well as an X-Mark Pro retrofit at no cost. This benefit is available now, even if final court approval of this settlement has not been achieved as of the date this Claim Form is submitted. After the retrofit, Remington will return my firearm to me at no cost. Remington will also send me an educational DVD regarding safe firearms handling practices.

WARNING: STOP USING YOUR FIREARM. Any unintended discharge has the potential to cause injury or death. Immediately cease use of your firearm and return it to Remington as outlined below. Your firearm will be inspected, cleaned, tested, retrofitted with a new trigger mechanism, and returned as soon as possible, at no cost to you. DO NOT attempt to diagnose or repair your firearm.

Check the box below to indicate you have read and acknowledge this warning.

☐ I have read and acknowledge the warning provided.

☐

No - (Choose One Option below)

- ☐ **Option 1.** I want to take my firearm to a Remington Authorized Repair Center for an X-Mark Pro retrofit at no cost. A list of Remington Authorized Repair Centers can be found by visiting www.remingtonfirearmsclassactionsettlement.com or calling 1-800-876-5940. Although I will shortly receive a Ticket ID# from Remington, I may not take my firearm to the Remington Authorized Repair Center to have my firearm retrofitted until after the Parties' Settlement Agreement has been finally approved by court order. Remington will also later send me an educational DVD regarding safe firearm handling practices.

- ☐ **Option 2.** *I want to receive pre-paid shipping tags, boxes, and written instructions on how to ship my firearm to a Remington Authorized Repair Center for an X-Mark Pro retrofit at no cost. Although I will shortly receive a Ticket ID# from Remington, I will not receive my shipping materials and will not be able to ship my firearm to a Remington Authorized Repair Center to have my firearm retrofitted until after the Parties' Settlement Agreement has been finally approved by court order. Remington will also later send me an educational DVD regarding safe firearm handling practices.*

PLEASE GO TO SECTION 5.

SECTION 5 – ATTESTATION

I attest, by my signature below, that the statements made and answers given in this Claim Form are true and correct and that the documents submitted herewith are true and genuine.

Executed this _____ day of _____ (Month/Year)

(Sign your name here)

(Print your name here)

REMINGTON CLASS ACTION SETTLEMENT CLAIM FORM FOR MODEL 710, 715, AND 770 CONTAINING A TRIGGER MECHANISM UTILIZING A TRIGGER CONNECTOR

INSTRUCTIONS: If you need help determining the model number or the serial number for your firearm, please visit www.remingtonfirearmsclassactionsettlement.com or call 1-800-876-5940 for assistance.

This Claim Form may be used for one firearm only. Please fill out additional Claim Forms if you seek settlement benefits for more than one firearm. Claim Forms must be fully completed to receive any settlement benefits. If you have questions regarding this Claim Form, please call 1-800-876-5940.

You may complete and submit your Claim Form online at www.remingtonfirearmsclassactionsettlement.com, or you may complete your form and then submit it by U.S. Mail or e-mail at the addresses listed below. Please note that, unless your firearm has been involved in an unintended or accidental discharge that resulted in personal injuries or property damage (see below), the benefits listed herein will not be provided until after the Parties' Settlement Agreement has been finally approved by court order, but you may submit your Claim Form now. You will be notified if final approval is not achieved.

Please fill out all five sections of this Claim Form and submit either:

By Mail: Angeion Group
Attn: Remington Claims
Suite 660, 1801 Market Street
Philadelphia, PA 19103

By E-Mail: remington@angeiongroup.com

SECTION 1 - YOUR PERSONAL INFORMATION

First Name: _____ Last Name: _____

Street Address: _____

Suite or Apartment Number _____

City _____ State _____ Zip _____

E-mail address: _____

SECTION 2 – SERIAL NUMBER OF YOUR FIREARM:

Enter the Serial Number of your Firearm in the boxes below:

--	--	--	--	--	--	--	--	--	--	--	--

SECTION 3 – ELECTION TO PARTICIPATE IN SETTLEMENT WITH RESPECT TO YOUR FIREARM:

Check the box below to confirm that you currently own a firearm with one of the model numbers listed below and you are hereby electing to participate in this settlement.

☐

Yes, I currently own a **Model 710, 715, or 770** containing a trigger mechanism utilizing a trigger connector, and I want to participate in this settlement.

SECTION 4 – BENEFIT ELECTION:

Please answer the following question and check the corresponding box to confirm the benefit you are electing.

Do you claim that this firearm has fired without a trigger pull, which resulted in personal injuries or property damage? (Note any such claim is not included in or affected by this settlement.)

☐

Yes - *I want to receive pre-paid shipping tags, boxes, and written instructions on how to return my firearm to Remington for a full inspection. Remington will also retrofit the trigger mechanism in my firearm with the current Model 770 connectorless trigger mechanism. This benefit is available now, even if final court approval of this settlement has not been achieved as of the date this Claim Form is submitted. After the retrofit, Remington will return my firearm to me at no cost. Remington will also send me an educational DVD regarding safe firearms handling practices.*

WARNING: STOP USING YOUR FIREARM. Any unintended discharge has the potential to cause injury or death. Immediately cease use of your firearm and return it to Remington as outlined below. Your firearm will be inspected, cleaned, tested, retrofitted with a new trigger mechanism, and returned as soon as possible, at no cost to you. DO NOT attempt to diagnose or repair your firearm.

Check the box below to indicate you have read and acknowledge this warning.

☐ I have read and acknowledge the warning provided.

☐

No - *I want to receive pre-paid shipping tags, boxes, and written instructions on how to return my firearm to Remington for a current Model 770 connectorless trigger mechanism retrofit. Although I will shortly receive a Ticket ID# from Remington, I will not receive my shipping materials and will not be able to ship my firearm to Remington to have my firearm retrofitted until after the Parties' Settlement Agreement has been finally approved by court order. Remington will also later send me an educational DVD regarding safe firearm handling practices.*

PLEASE GO TO SECTION 5.

SECTION 5 – ATTESTATION

I attest, by my signature below, that the statements made and answers given in this Claim Form are true and correct and that the documents submitted herewith are true and genuine.

Executed this _____ day of _____ (Month/Year)

(Sign your name here)

(Print your name here)

REMINGTON CLASS ACTION SETTLEMENT CLAIM FORM FOR MODEL 700 AND MODEL SEVEN CONTAINING A TRIGGER MECHANISM UTILIZING A TRIGGER CONNECTOR

INSTRUCTIONS: If you need help determining the model number, serial number or trigger mechanism for your firearm, please visit www.remingtonfirearmsclassactionsettlement.com or call 1-800-876-5940 for assistance.

This Claim Form may be used for one firearm only. Please fill out additional Claim Forms if you seek settlement benefits for more than one firearm. Claim Forms must be fully completed to receive any settlement benefits. If you have questions regarding this Claim Form, please call 1-800-876-5940.

You may complete and submit your Claim Form online at www.remingtonfirearmsclassactionsettlement.com, or you may complete your form and then submit it by U.S. Mail or e-mail at the addresses listed below. Please note that, unless your firearm has been involved in an unintended or accidental discharge that resulted in personal injuries or property damage (see below), the benefits listed herein will not be provided until after the Parties' Settlement Agreement has been finally approved by court order, but you may submit your Claim Form now. You will be notified if final approval is not achieved.

Please fill out all five sections of this Claim Form and submit either:

By Mail: Angeion Group
Attn: Remington Claims
Suite 660, 1801 Market Street
Philadelphia, PA 19103

By E-Mail: remington@angeiongroup.com

SECTION 1 - YOUR PERSONAL INFORMATION

First Name: _____ Last Name: _____

Street Address: _____

Suite or Apartment Number _____

City _____ State _____ Zip _____

E-mail address: _____

SECTION 2 – SERIAL NUMBER OF YOUR FIREARM:

Enter the Serial Number of your Firearm in the boxes below:

--	--	--	--	--	--	--	--	--	--	--	--

SECTION 3 – ELECTION TO PARTICIPATE IN SETTLEMENT WITH RESPECT TO YOUR FIREARM:

Check the box below to confirm that you currently own a firearm with one of the model numbers and trigger mechanism listed below and you are hereby electing to participate in this settlement.

☐

Yes, I currently own a Model 700 or Model Seven containing a trigger mechanism utilizing a trigger connector, and I want to participate in this settlement.

SECTION 4 – BENEFIT ELECTION:

Please answer the following question and check the corresponding box to confirm the benefit you are electing (if more than one option is provided).

Do you claim that this firearm has fired without a trigger pull, which resulted in personal injuries or property damage? (Note any such claim is not included in or affected by this settlement.)

☐

Yes - *I want to receive pre-paid shipping tags, boxes, and written instructions on how to return my firearm to Remington for a full inspection as well as an X-Mark Pro retrofit at no cost. This benefit is available now, even if final court approval of this settlement has not been achieved as of the date this Claim Form is submitted. After the retrofit, Remington will return my firearm to me at no cost. Remington will also send me an educational DVD regarding safe firearms handling practices.*

WARNING: STOP USING YOUR FIREARM. Any unintended discharge has the potential to cause injury or death. Immediately cease use of your firearm and return it to Remington as outlined below. Your firearm will be inspected, cleaned, tested, retrofitted with a new trigger mechanism, and returned as soon as possible, at no cost to you. DO NOT attempt to diagnose or repair your firearm.

Check the box below to indicate you have read and acknowledge this warning.

☐ I have read and acknowledge the warning provided.

☐

No - (Choose One Option below)

- ☐ **Option 1.** *I want to take my firearm to a Remington Authorized Repair Center for an X-Mark Pro retrofit at no cost. A list of Remington Authorized Repair Centers can be found by visiting www.remingtonfirearmsclassactionsettlement.com or calling 1-800-876-5940. Although I will shortly receive a Ticket ID# from Remington, I may not take my firearm to the Remington Authorized Repair Center to have my firearm retrofitted until after the Parties' Settlement Agreement has been finally approved by court order. Remington will also later send me an educational DVD regarding safe firearm handling practices.*

- ☐ **Option 2.** *I want to receive pre-paid shipping tags, boxes, and written instructions on how to ship my firearm to a Remington Authorized Repair Center for an X-Mark Pro retrofit at no cost. Although I will shortly receive a Ticket ID# from Remington, I will not receive my shipping materials and will not be able to ship my firearm to a Remington Authorized Repair Center to have my firearm retrofitted until after the Parties' Settlement Agreement has been finally approved by court order. Remington will also later send me an educational DVD regarding safe firearm handling practices.*

PLEASE GO TO SECTION 5.

SECTION 5 – ATTESTATION

I attest, by my signature below, that the statements made and answers given in this Claim Form are true and correct and that the documents submitted herewith are true and genuine.

Executed this _____ day of _____ (Month/Year)

(Sign your name here)

(Print your name here)

REMINGTON CLASS ACTION SETTLEMENT CLAIM FORM FOR MODEL 700 AND MODEL SEVEN CONTAINING AN X-MARK PRO TRIGGER MECHANISM MANUFACTURED FROM MAY 1, 2006 TO APRIL 9, 2014 NOT PREVIOUSLY REMEDIED UNDER THE VOLUNTARY X-MARK PRO PRODUCT RECALL

INSTRUCTIONS: If you need help determining the model number, serial number or trigger mechanism for your firearm, please visit www.remingtonfirearmsclassactionsettlement.com or call 1-800-876-5940 for assistance.

This Claim Form may be used for one firearm only. Please fill out additional Claim Forms if you seek settlement benefits for more than one firearm. Claim Forms must be fully completed to receive any settlement benefits. If you have questions regarding this Claim Form, please call 1-800-876-5940.

You may complete and submit your Claim Form online at www.remingtonfirearmsclassactionsettlement.com, or you may complete your form and then submit it by U.S. Mail or e-mail at the addresses listed below. Please note that some of the benefits listed herein will not be provided until after the Parties' Settlement Agreement has been finally approved by court order, but you may submit your Claim Form now. You will be notified if final approval is not achieved.

Please fill out all six sections of this Claim Form and submit either:

By Mail: Angeion Group
Attn: Remington Claims
Suite 660, 1801 Market Street
Philadelphia, PA 19103

By E-Mail: remington@angeiongroup.com

SECTION 1 - YOUR PERSONAL INFORMATION

First Name: _____ Last Name: _____

Street Address: _____

Suite or Apartment Number: _____

City _____ State _____ Zip _____

E-mail address: _____

SECTION 2 – SERIAL NUMBER OF YOUR FIREARM:

Enter the Serial Number of your Firearm in the boxes below:

--	--	--	--	--	--	--	--	--	--	--	--

SECTION 3 – ELECTION TO PARTICIPATE IN SETTLEMENT WITH RESPECT TO YOUR FIREARM:

Check the box below to confirm that you currently own a firearm with one of the model numbers and trigger mechanism listed below and you are hereby electing to participate in this settlement.

☐

Yes, I currently own or previously owned a Model 700 or Model Seven rifle with an X-Mark Pro trigger manufactured from May 1, 2006, to April 9, 2014, I did not participate in the voluntary X-Mark Pro Product Recall prior to April 14, 2015, and I want to participate in this settlement.

Please note that these models, with X-Mark Pro triggers manufactured from May 1, 2006, to April 9, 2014, are the subject of a voluntary Product Safety Recall. Both this settlement and the Product Safety Recall entitle current owners of these firearms who have not already participated in the Voluntary Product Safety Recall to have their old X-Mark Pro trigger retrofitted with a new X-Mark Pro trigger. However, the Product Safety Recall does not provide for any other benefit described herein. Current owners of rifles subject to the Product Safety Recall may still participate in this settlement. Visit <http://xmrecall.remington.com> for additional details about the Product Safety Recall.

DESCRIPTION OF THE HAZARD: Remington has determined that some Model 700 and Model Seven rifles with X-Mark Pro triggers could, under certain circumstances, **unintentionally discharge**. A Remington investigation has determined that some X-Mark Pro triggers might have excess bonding agent used in the assembly process. While Remington has the utmost confidence in the design of the X-Mark Pro trigger, it is undertaking a voluntary product recall in the interest of consumer safety to replace these triggers with new X-Mark Pro triggers.

WARNING: STOP USING YOUR FIREARM. Any unintended discharge has the potential to cause **injury or death**. Immediately cease use of your firearm and return it to Remington as outlined below. Your firearm will be retrofitted with a new trigger mechanism, and returned as soon as possible, at no cost to you. **DO NOT** attempt to diagnose or repair your firearm.

Check the box below to indicate you have read and acknowledge this warning.

☐ I have read and acknowledge the warning provided.

SECTION 4 – RETROFIT BENEFIT AVAILABLE TO CURRENT OWNERS:

Please answer the following question and check the corresponding box to confirm the benefit you are electing (if more than one option is provided).

Do you claim that this firearm has fired without a trigger pull, which resulted in personal injuries or property damage? (Note any such claim is not included in or affected by this settlement.)

☐ Yes - *I want to receive pre-paid shipping tags, boxes, and written instructions on how to return my firearm to Remington for a full inspection as well as an X-Mark Pro retrofit at no cost. This benefit is available now, even if final court approval of this settlement has not been achieved as of the date this Claim Form is submitted. After the retrofit, Remington will return my firearm to me at no cost. At a later time, Remington will also send me an educational DVD regarding safe firearms handling practices.*

☐ No - (Choose One Option below)

- ☐ **Option 1.** *I want to take my firearm to a Remington Authorized Repair Center for an X-Mark Pro retrofit at no cost. A list of Remington Authorized Repair Centers can be found by visiting www.remingtonfirearmsclassactionsettlement.com or calling 1-800-876-5940. I will receive a Ticket ID# to take to the Remington Authorized Repair Center to have my firearm retrofitted. This benefit is available now, even if final court approval of this settlement has not been achieved as of the date this Claim Form is submitted. At a later time, Remington will also send me an educational DVD regarding safe firearm handling practices.*
- ☐ **Option 2.** *I want to receive pre-paid shipping tags, boxes, and written instructions on how to ship my firearm to a Remington Authorized Repair Center for an X-Mark Pro retrofit at no cost. This benefit is available now, even if final court approval of this settlement has not been achieved as of the date this claim form is submitted. After the retrofit, Remington will return my firearm to me at no cost. At a later time, Remington will also send me an educational DVD regarding safe firearms handling practices.*

PLEASE GO TO SECTION 5.

SECTION 5 – ADDITIONAL OR ALTERNATIVE REFUND BENEFIT AVAILABLE TO CERTAIN CURRENT AND FORMER OWNERS:

Please answer the following question and check the corresponding box to confirm the additional benefit (if any) you are electing.

DO YOU OWN OR DID YOU PREVIOUSLY OWN A MODEL 700 OR SEVEN AND DID YOU REPLACE, AT YOUR OWN COST, THAT FIREARM'S ORIGINAL WALKER TRIGGER MECHANISM WITH AN X-MARK PRO TRIGGER MECHANISM?

☐

No.

PLEASE GO TO SECTION 6, AS NO REFUND BENEFIT IS AVAILABLE TO YOU.

☐

Yes - I want Remington to refund the money I paid for that replacement. Refunds will be capped at \$119. Refunds will not be processed until after the parties' Settlement Agreement has been finally approved by court order. (Choose One Option below):

☐

I paid Remington to remove the Walker trigger mechanism in my rifle and replace it with a Remington X-Mark Pro trigger mechanism.

PLEASE GO TO SECTION 6 (NO ADDITIONAL DOCUMENTATION NECESSARY).

☐

I paid someone other than Remington to remove the Walker trigger mechanism from my rifle and replace it with a Remington X-Mark Pro trigger mechanism. (Choose One Option below):

☐

*I have included a copy of my installation receipt, which documents that a Remington X-Mark Pro was installed in my rifle and which documents the amount I paid for the X-Mark Pro installation. **PLEASE GO TO SECTION 6.***

☐

*I do not have a copy of my installation receipt. **PLEASE FILL OUT THE REPLACEMENT ATTESTATION BELOW, THEN GO TO SECTION 6.***

REPLACEMENT ATTESTATION

I attest that I paid \$_____ for the installation. In addition, I have taken this Claim Form to a person qualified to make rifle repairs. He or she has read and signed the statement appearing below:

I am qualified to make rifle repairs. I have inspected or am aware of the condition of the Remington Model 700 or Model Seven rifle currently or previously owned by the person whose name appears in the following paragraph and hereby attest that the Walker trigger mechanism was removed and replaced with a Remington X-Mark Pro trigger mechanism.

Name of person qualified to make rifle repairs: _____

Phone Number of person qualified to make rifle repairs: _____

I attest, by my signature below, that the foregoing statement regarding the condition of the Model 700 or Model Seven rifle is true and accurate.

Executed this _____ day of _____ (Month/Year)

(Signature of person qualified to make rifle repair)

SECTION 6 – ATTESTATION

I attest, by my signature below, that the statements made and answers given in this Claim Form are true and correct and that the documents submitted herewith are true and genuine.

Executed this _____ day of _____ (Month/Year)

(Sign your name here)

(Print your name here)